

**A Communications Plan for the
New Jersey Comprehensive Cancer Control Plan
2012**

Executive Summary

The CDC defines “comprehensive cancer control (CCC) as a collaborative process through which a community and its partners pool resources to reduce the burden of cancer”. Integration and coordination among the many stakeholders involved in comprehensive cancer control in NJ demands ongoing, multidirectional communication. While communication activities are currently ongoing throughout the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP) implementation process, they are frequently intermittent and in need of a coordinated focus. The objective of this document is to formalize, integrate and expand these efforts to unify the public face of comprehensive cancer control and chronic disease in NJ.

Utilizing results of evaluation of previous activities, analysis of implementation barriers, the recommendations of the Comprehensive Cancer Control Leadership Institute, and the Office of Cancer Control and Prevention’s Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control grant workplan as guides, the OCCP, together with the Communications Committee, recommends the following goals for coordinating strategic communications:

- To position the Task Force to carry out coordinated communications activities as specified in the revised Comprehensive Cancer Control Plan
- To increase screening and utilization of cancer prevention, early detection and treatment resources among all NJ residents according to the goals, objectives, and strategies of the NJ-CCCP.
- To collaborate on a large scale with chronic disease and cancer stakeholders that can implement evidence based initiatives and environmental strategies to decrease the burden and mortality of cancer across New Jersey.

The implementation of this strategic Communications Plan will be coordinated by the Communications Committee and carried out by the Task Force, its workgroups, committees and regional chronic disease coalitions in collaboration with the Chronic Disease Communications Committee. Evaluation of this Plan will be carried out by the Evaluation Committee of the Task Force. Necessary revisions to this Plan may be made in order to accommodate recommendations of the Evaluation Committee.

Background

New Jersey Executive Order 114 established the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force) on May 9, 2000. In December 2005, Assembly Bill No. 4071 and Senate Bill No. 2733 were enacted as P.L.2005, c.280, by the NJ State Legislature, officially establishing the Task Force as a mandated Governor's appointed body, charged with developing and implementing a NJ-CCCP. The Task Force developed the *2003-2007 NJ-CCCP*, released by the Governor in January 2003, which focused on seven priority cancers^{*} and dealt with overarching issues[†] and topics related to the future of cancer control and prevention in New Jersey.^{‡,1} Owing to the large success of the first Plan, in December, 2007, the Governor approved a second five-year plan, also developed by the Task Force. The *2008-2012 NJ-CCCP* charges the Task Force with the development and implementation of a Communications Plan.² As a first step, the Task Force established a new Standing Committee whose primary focus would be, together with the OCCP, to develop and implement such a plan.

^{*} Seven priority cancers: breast, cervical, colorectal, lung, melanoma, oral/oropharyngeal, and prostate

[†] Overarching issues: palliation, childhood cancers, access and resources, advocacy, and nutrition and physical activity

[‡] Future issues: emerging trends, implementation, and evaluation

In 2011, the Office of Cancer Control and Prevention (OCCP), merged with the NJ Cancer Education and Early Detection Program under the Chronic Disease Prevention and Control Program established within the newly named New Jersey Department of Health (NJDOH). The OCCP or now named Comprehensive Cancer Control (CCC) program is restructuring its 21 County Coalitions to 10 Regional Coalitions for increased evidence based efforts and more efficient use of resources to deliver outcome based deliverables. The Task Force will also restructure to function in settings or “Domains”, rather than separate site specific cancer work groups to increase advisory capacity and support increased screening and community interventions. The current three (3) Standing Committees will remain to ensure effective delivery of strategies. They are Communication, Evaluation and Advocacy. The Communication committee will play a key role in this structure to ensure messaging is enhanced within the new structure and between the partners and Regional Cancer coalitions, particularly in implementing new strategies under the anticipated third Plan.

Examples of the Four Domains

1. Policy, Environmental, Systems Change – examples of strategies include Access and zoning policies, food systems, physical activity and tobacco use, schools and fast food.
2. Community and Clinical Linkages – Using Community Health Workers or Patient Navigators to assist men and women at risk for screening; Screen for Life Colorectal Project; Screening Promotion and Screening Provision is critical; Chronic Disease Self-Management Program (CDSMP) for Survivors.
3. Health Systems Change – Enhance relationships with the clinical community by using evidence based clinical preventive services to meet the gaps in health insurance. Examples

DOMAINS
Epidemiology, Surveillance and Evaluation
<i>Collect data and information to develop and deploy effective interventions, identify and address gaps in program delivery, and monitor and evaluate progress in achieving program goals. Use data and information to routinely inform decision makers and the public about the burden of chronic diseases, associated risk factors and the impact of interventions.</i>
Environmental Strategies
<i>Improve social and physical environments like schools, worksites, and communities to make healthy behaviors easier and more convenient. These types of interventions support and reinforce healthy choices and behaviors and make it easier for people to take charge of their health. They have broad reach, sustained health impact and are best buys for public health.</i>
Health System Interventions
<i>Improve the clinical environment to more effectively deliver quality preventive services and help people more effectively use and benefit from those services so that some chronic diseases and conditions will be avoided completely, and others will be detected early, or managed better.</i>
Community-Clinical Linkages
<i>Ensure that people with or at high risk of chronic diseases have access to community resources and support to prevent, delay or manage chronic conditions once they occur. This includes clinician referral, community delivery and third-party payment for effective programs that increase the likelihood that people will take charge of their health.</i>

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include: State Health Insurance Exchanges; Patient Centered Medical Homes; Affordable Care Act Preventive Care Mandates; Health Information Technology.

4. Surveillance, Epidemiology and Evaluation – Data informs public policy makers. We must develop cohesive relationships with those who have the data and tell the story through communication strategies. This informs the public about making important healthy changes and choices. Messaging is important for public health.

In 2013, the planning for the third Comprehensive Cancer Control Plan will begin to enhance facilitate the transition of the Comprehensive Cancer Control's public health infrastructure for cancer prevention and control. New roles and functions will be developed, including a revised Communication Plan. The overall goals of the CCC program are to (1) seek

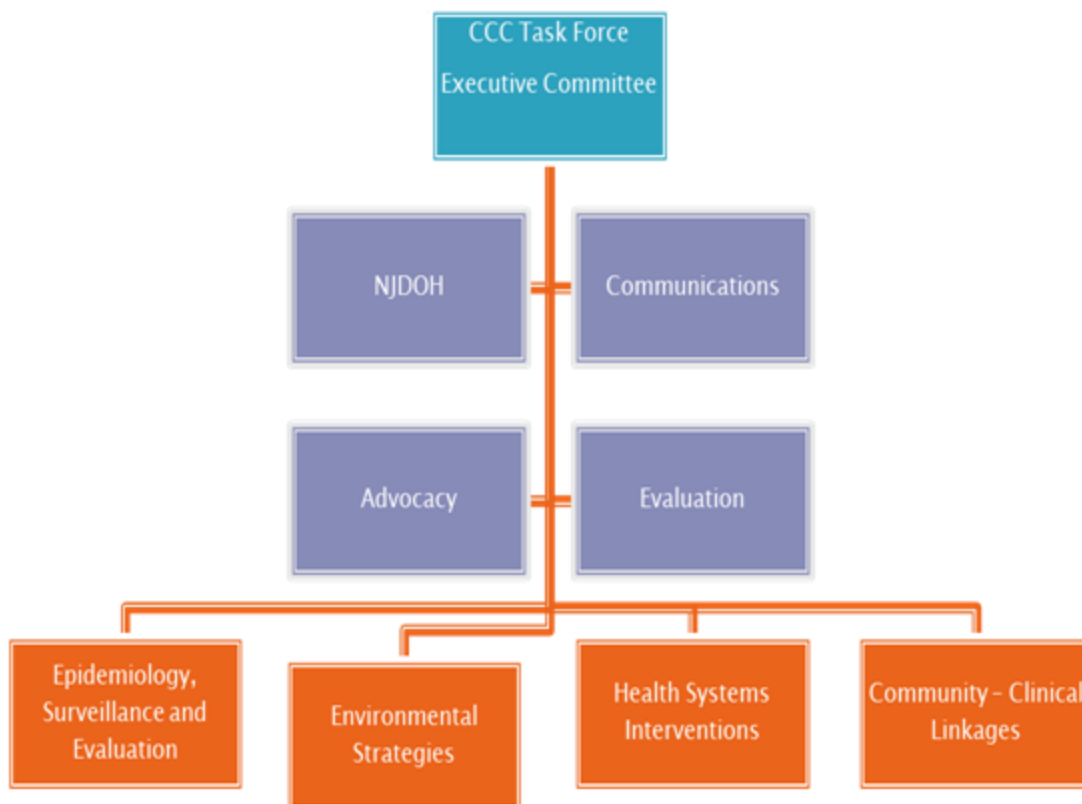
§ Developed by the NJ Chronic Disease Prevention and Control Program Staff as per the CDC Coordinated Chronic Disease and Health Promotion Program. Wilkerson-Leconte, 2012.

efficiencies across the management and operations of cancer prevention and control programs, (2) focus on high-burden cancers with evidence-based, scalable interventions that already exist and can be broadly implemented, (3) develop organized screening programs that are more effective and efficient than current opportunistic approaches, and (4) maintain high-quality cancer registries and expand their application in prevention and screening.

The OCCP, established within the NJ Department of Health (NJDOH) will move into this new direction to ensure coordinated and integrated cancer control efforts in New Jersey.

The original organizational structure for the implementation of the NJ-CCCP is depicted below.³

Below is the CCC's anticipated structure for the Task Force. We hope to function under the CDC recommended "Domains" to develop and implement cross cutting strategies to increase screening and reduce high burden cancer incidence, mortality and morbidity.



Communication is a key element to ensuring that comprehensive cancer control in NJ fulfills its promise of integration and coordination. Currently, there are more than 1,200 individual stakeholders involved in comprehensive cancer control activities in NJ, representing over 500 distinct organizations. The Task Force recognizes that the coordination of a coalition of this size and diversity requires open channels of communication and consistent messages to facilitate the exchange of ideas, to clarify and reinforce the purpose and importance of Comprehensive Cancer Control in NJ and to promote ongoing collaboration. Development of a strategic Communications Plan and the infrastructure to support it was among the recommendations of the CDC. Based on this recommendation, the CCC included the

development of a revised formal communications plan in the workplan of its 2012 CDC National Comprehensive Cancer Control competitive grant application.

Intended Audience

Based on a sophisticated internal monitoring program (IMP), the Comprehensive Cancer Cancer Control (CCC), together with the Communications Committee, has identified six target audiences with which the Task Force, workgroups, standing committees, and new regional coalitions regularly interact. They are: (1) NJ Residents/Lay Community; (2) NJ Professional Community; (3) Current NJ Comprehensive Cancer Control Partners; (4) NJDOH Hierarchy; (5) Government officials; and (6) Media. Each of these audiences has a unique role to play in comprehensive cancer control and therefore has distinct communication needs.

NJ Residents/Lay Community – The population of NJ has a diverse background, characterized by various cultural beliefs, socioeconomic conditions, and languages. A communication strategy which includes the public must take into consideration this diversity. The NJ lay community is a primary audience identified in the NJ-CCCP. This audience includes cancer patients and their families; those residents of NJ who are eligible for or in need of cancer screenings; those at high risk for developing cancer; and all individuals who would benefit from an enhanced awareness of cancer prevention, early detection and treatment. Particular attention must be given to disparate populations in NJ, including those without health insurance and those without adequate health insurance. This population often suffers a disproportionate burden of cancer due to lack of access to healthcare services. By improving the public's understanding of the benefits of accessing primary and secondary preventive services, the Task Force aims to improve demand for and utilization of cancer screening and early detection and to ultimately

reduce morbidity and mortality from cancer in NJ. The Task Force is also dedicated to reducing health disparities by helping to ensure healthcare access to the underserved.

NJ Professional Community – The health professional community in NJ is a secondary audience identified in the NJ-CCCP as in need of increased education and awareness. The NJ-CCCP calls for initiatives which focus on increasing screening, reducing cancer incidence and mortality, and improving other skills necessary to providing patients with the best standard of care. This audience includes all stakeholder groups involved in any aspect of cancer prevention, early detection, or treatment, as well as any organization with the potential to be a beneficial resource for NJ-CCCP implementation. These may include, but are not limited to: faith-based leaders, hospitals, Federally Qualified Health Centers, health insurance partners, community based organizations, local health departments, schools, worksites, professional associations volunteer organizations, etc. According to the CDC, although comprehensive cancer control is not a new concept to many in the cancer community, there remain key organizations and individuals who are unaware of the benefits of comprehensive cancer control.⁴ It is of primary importance, then, to promote comprehensive cancer control and to raise awareness of its value among health practitioners, community leaders and key opinion leaders, advocates, the cancer community, and other key stakeholder groups. Stakeholder assessments, as well as analysis of the barriers to implementation from the first five-year NJ-CCCP revealed gaps in stakeholder representation. To overcome these barriers, the Task Force and the OCCP must engage in continuous recruitment of new participants in the NJ-CCCP implementation process, identifying and filling gaps in key stakeholder representation.

NJ-CCC Current Partners – This audience includes those individuals and organizations actively participating in NJ-CCCP implementation through formal representation on the Task

Force, its workgroups or standing committees, or through a regional chronic disease coalition. A formal stakeholder assessment, conducted by the Task Force, has identified a need to establish and continuously improve the ongoing dialogue among its many involved stakeholders in order to encourage their continued support of and participation in NJ-CCCP implementation activities. The Communications Committee will have the task of informing the partners about the use and need for communication channels through which to inform and educate patients and the general public, share screening opportunities, encourage healthy living, and enhance quality of care and identify opportunities for collaboration and integration of resources. The *2012 Status Report to the Governor* likewise recommends improved communication channels among currently involved stakeholder groups, based on its analysis of the 2008 and 2010 Partnership Self-Assessment conducted by the OCCP of its involved stakeholders.⁵

NJDOH Hierarchy – This audience includes the senior staff whose responsibility it is to oversee the NJDOH and its programs. As a program of the NJDOH, the OCCP relies heavily on the support and endorsement of the internal NJDOH hierarchical structure. The CCC and the Task Force are required to collaborate with other State agencies, such as the New Jersey Cancer Education and Early Detection (NJCEED) program, the NJ State Cancer Registry and the Center for Health Statistics. Multidirectional communication channels will be an integral part of the program to enhance leadership and management to reduce overall cancer burden in New Jersey.

Government Officials – This audience includes all elected officials in NJ, including the State Assembly, Senate, and Office of the Governor who have the responsibility of strategically allocating State funding and instituting comprehensive cancer control legislation, including that which reduces health disparities by ensuring access to health services for the uninsured and underinsured. The CCC and, indirectly, the regional chronic disease coalitions, are funded

primarily by money from State appropriations. In addition, State funds are used to provide cancer screening to the uninsured and underinsured through the NJCEED program^{**} and to support data collection efforts through the New Jersey State Cancer Registry, both integral elements in the implementation of the NJ-CCCP. Maintenance or expansion of the funds allocated to comprehensive cancer control in NJ is achieved through demonstrating successes and key benefits to key decision makers, generating political good will. While the CCC is prevented from lobbying to elected officials due to its position as an entity within the NJ State government, partnerships exist among non-profit advocacy organizations to ensure New Jersey residents at risk to living with cancer have a voice on behalf of the Task Force, the CCC, and all individuals and organizations with an interest in cancer control. In 2012, the Task Force will evaluate, support or create policy initiatives that will assist New Jerseyans with reducing their risk for cancers, increase preventive screening and enhance quality of life for cancer survivors.

Media – (CDC) Developing strategic communication opportunities to educate the public and decision makers about cancer burden, prevention and control, implemented interventions, and impact of the program will be an important deliverable for the CCC and the Communication Committee. CDC encourages the development of a Media Plan with the following “Key Elements”:

- a) Identify behavioral factors and common objectives
- b) Identify primary audiences
- c) Use the 5 W’s - Who, What, When, Why and How
- d) Develop a media list of tools and approaches
- e) Schedule timelines/deadlines for media approaches
- f) Plan to follow up with a report
- g) Maximize on Earned Media – this is publication gained through editorial influence of favorable publicity earned through public media.

^{**} NJCEED provides free and low-cost breast, cervical, prostate and colorectal cancer screenings for uninsured and underinsured men and women at or below 250% of the federal poverty level.

- h) How to achieve earned media – making advertising press release, news conference, editorials, op-ed piece, letter to editor, donated air time, event coverage, PSA, re-tweets, print, broadcast, social media, blogs, broadcast, etc.

Communication Channels

Throughout the implementation of the 2003-2007 and 2008-2012 NJ-CCCP's, the Task Force and the CCC have utilized various vehicles for encouraging and facilitating communication among the many involved stakeholders. Multiple communication channels have been used in the past but new channels will be reviewed for NJ-CCCP implementation. They will include: (1) revising the CCC website; (2) training our stakeholders on social media (3) preparing to release public health documents such as the Governor's Status Report, fact sheets, collaborative cancer campaigns with NJCEED, etc.. Each of these channels attempts to fill an identified need in NJ-CCCP implementation. *Website* – Hosted by the State of NJ, the website www.njcancer.gov is maintained to provide general information and data regarding cancer, the Task Force, and the OCCP, as well as links to outside cancer resources. More recently, the website has been used as a portal to aid the public in accessing local cancer resources collected through a statewide cancer capacity and needs assessment and updated through partnerships with various state agencies. Resources available to visitors to the site include: hospitals; hospices, mammography centers; centers for primary healthcare; NJCEED programs; and the regional chronic disease coalitions. During the implementation of the 2008-2012 NJ-CCCP, the portal was expanded to include nutrition and physical activity programs. In addition, links to gynecologic cancer support groups, tobacco prevention and cessation resources and childhood cancer resources have been posted on the website. The public and our partners are also encouraged to use www.cancer.gov, the CCC's website and the National Cancer Institute 1-800-4-CANCER portal for access to bi-lingual information and resources; phone; chat; email or web

access. To access screening for uninsured and underinsured persons at risk in New Jersey, the NJCEED phone number is 1-800-328-3838. *Training on Social Media*– The CCC together with the Task Force will work with the Communications committee to train our stakeholders and Regional Cancer Coalitions on the use of Social media and other media channels. Unfortunately, the CCC and NJDOH is not permitted to use social media, therefore require the support of our partners to relay real time messaging to the public. Before training can occur, Year 1 of the DP12-1205 will be to conduct a needs assessment of the Regional Coalitions in the use of social media.

Special Events –The Communications Committee and implementation of the strategic Communications Plan will ensure widespread promotion of events, including engaging appropriate media outlets, to maximize attendance at these functions.

Internal and External Reports – The OCCP is mandated to produce an internal NJDOH annual report, an annual progress report to the CDC, and a biennial status report to the Governor and legislature. These reports include details of NJ-CCCP implementation progress achieved during the reporting period, obstacles encountered during implementation, successes and setbacks, and plans for the following reporting period. Every two years, the Evaluation Committee of the Task Force takes on the drafting of a report to the Governor and the legislature based on an annual evaluation plan. As a public document these reports will be made available to the public through various channels. Four published documents will be required of the CCC in an effort to communicate cancer information for the public. Distribution plan for these documents will be developed in partnership with the Communications committee.

Press Releases – The NJDOH Office of Communications, housed within the Office of the Commissioner of Health, releases periodic announcements to the press. The OCCP has

occasionally utilized these for the widespread public dissemination of key milestones, such as the public release of the NJ-CCCP and the results of the statewide cancer capacity and needs assessment. Press releases are ideal vehicles for reaching widespread public audiences. Fostering a relationship with the Office of Communications, through its representation on the Task Force Communications Committee, would facilitate the most effective use of this communication channel.

Collaboration with the Coordinated Chronic Disease and Health Promotion program (CCDHPP)

The CCC is housed under the Chronic Disease Prevention and Control Program of the NJDOH. A Communications committee has been developed under this program. The CCC and CCDHPP have met to discuss the possibility of merging both groups to reduce duplication of effort, grow our partnerships and develop cross cutting communication strategies and messaging to improve overall health and reduce chronic disease burden. The work developed will be used to compliment the four domains of the CCC and the CCDHPP.

While these vehicles are already in practice by the Task Force and the OCCP, their use is in need of a unifying, consistent coordinated focus and process. In addition to formalizing and coordinating these existing communication channels and the protocols for utilizing them most effectively, the Communications Committee will examine other message delivery systems, including, but not limited to: a speakers' bureau, web-based educational seminars, and social marketing/media. As these and other communications tools are developed, it will become necessary to provide guidance for their use to the Task Force and its various entities in order to ensure their consistency.

Key Messages

The Communications Committee has established the need and importance of developing consistent, recognizable, and culturally appropriate messages, including logos and taglines, for use in all communications. These messages should emphasize the value of continued support of the OCCP and the NJ-CCCP, as well as the benefits of cancer prevention, early detection and treatment. These messages must be consistent, not only across state-level workgroup activities, but also throughout all regional chronic disease coalitions and must be disseminated through multiple media channels, including print, electronic, radio and television, in order to most effectively reach their intended audience. Key messages are those which support and reinforce the goals and objectives of this Communications Plan. They must be targeted to specific audiences and disseminated through those communications channels identified as most appropriate for reaching each target audience. Key messages should be clear, consistent, and evidence-based and should make use of the most up-to-date data available in order to ensure their credibility.

The CDC suggests four primary, overarching messages when promoting the benefits of comprehensive cancer control: (1) Provide leadership across coordination; (2) Implement large scale innovative approaches to increased population-level screening rates; (3) Improve adherence to screening guidelines; (4) Improve compliance with reporting requirements for population based cancer registries. The Communications Committee will develop additional key messages directed at the identified target audiences and based on the goals, objectives and strategies of the NJ-CCCP. In addition, it will be necessary for the Committee to establish protocols for the Task Force, workgroups, committees, and coalitions to implement in disseminating key messages in order to maintain consistency of messages across all comprehensive cancer control initiatives throughout the State.

Goals, Objectives and Strategies

The following goals, objectives and strategies are based on the evaluation of impediments encountered during the implementation of the *2003-2007 NJ-CCCP* and have been formulated to meet the needs of the stakeholders involved in *2008-2012 NJ-CCCP* implementation.

Positioning the Task Force

Chapter 12 of the 2008-2012 NJ-CCCP, entitled *Implementation*, charges the Task Force with the establishment of a Standing Committee to develop and implement a Communications Plan in order to implement the strategies of the NJ-CCCP requiring effective outreach and a public interface, and also to sustain and strengthen the growing coalition partnerships involved in NJ-CCCP implementation. The Task Force began by designating a Communications Standing Committee chairperson from among its appointed body. The designated chairperson met with OCCP staff in an initial planning meeting, and it was determined that an effective Communications Standing Committee should include, but not be limited to, representatives from: the NJDOH Office of Communications; the NJDOH Office of Information Technology Services; the NJ Department of Education; state professional organizations (i.e. NJ Hospital Association, NJ Dental Association, Medical Society of NJ, etc.); major print, television, and radio media; multicultural organizations; and other state agencies. The newly-formed Communications Standing Committee accepted the tasks of developing and implementing the first statewide strategic Communications Plan for comprehensive cancer control. The Communications Standing Committee will continue to develop and implement the revised Communications Plan for the next NJ-CCCP.

GOAL 1	To position the Task Force to carry out coordinated communications activities as specified in the Implementation Chapter of the 2008-2012 NJ-CCCP.
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Objective 1.1

To establish and maintain a Standing Committee of the Task Force dedicated to developing and implementing a strategic Communications Plan.

Strategies

- 1.1.1** Identify and invite key stakeholders to designate a representative to participate in a Communications Standing Committee of the Task Force.
- 1.1.2** Designate a Task Force member to serve as chairperson of the Communications Standing Committee.
- 1.1.3** Develop and ensure that the goals, objectives and strategies of the Communications Plan are aligned with the overarching priorities and goals of the NJ-CCCP.
- 1.1.4** Develop action steps for implementing the Communications Plan.
- 1.1.5** Convene regular meetings of the Communications Standing Committee.
- 1.1.6** Establish milestones and benchmarks for tracking progress in the implementation of the Communications Plan.
- 1.1.7** Provide regular progress reports to the Task Force and determine if and when highlights of such reports should be disseminated to the media and other audiences as appropriate.

Awareness of Cancer Prevention, Early Detection and Treatment

The Communications Committee has determined that, in order to reach a greater proportion of New Jersey residents, these resources should be made available in multiple languages and at a reading level appropriate to the target population. Active and coordinated promotion of these tools is essential to ensuring their widespread awareness and use and to making access to cancer resources more convenient to all New Jersey residents in need.

GOAL 2

Increase the capacity of coalitions to use social media as a tool to increase screening, cancer prevention, early detection and treatment resources among all NJ residents, according to the goals, objectives, and strategies of the NJ-CCCP.

Objective 2.1

To determine the capacity for social media..

Strategies

- 2.1.1** Provide hands-on instruction to Regional Coordinators regarding CDC social media tool, ie. Vital Signs.
- 2.1.2** Continually develop useful and appropriate user-friendly content.

GOAL 3

To raise awareness of the OCCP, the Task Force and the NJ-CCCP throughout NJ, including their purpose, activities, accomplishments benefits and resources.

Objective 3.1

To raise public awareness among lay audiences of the OCCP, the Task Force and the NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.1.1** Develop consistent key messages to be used as boilerplate by all County Cancer Coalitions when interacting with the public or media or developing materials to promote special events and activities related to the purpose of the NJ-CCCP. Establish policies and protocols for governing their use.
- 3.1.2** Develop, publish and distribute culturally and linguistically appropriate printed materials, such as fact sheets and brochures, targeted at lay audiences that include clear basic information about the OCCP, Task Force and NJ-CCCP.
- 3.1.3** Develop, maintain and promote a website and toll-free phone number to be used by all audiences to gain access to ongoing and updated information about the OCCP, Task Force and NJ-CCCP.
- 3.1.4** Partner with key stakeholders reaching lay audiences to publicize events and provide referrals to the OCCP website and toll-free phone number.

Objective 3.2

To raise awareness among professional audiences of the OCCP, the Task Force and the NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.2.1** Develop an electronic newsletter and distribute throughout the professional communities in NJ.
- 3.2.2** Partner with key stakeholders reaching professional audiences to publicize events and provide referrals to the OCCP website and toll-free phone number.
- 3.2.3** Develop, publish and distribute printed materials, such as fact sheets and brochures, targeted at the professional communities that include pertinent information about the OCCP, Task Force and NJ-CCCP.

Objective 3.3

To increase the visibility of the OCCP, Task Force and NJ-CCCP, including their purpose, activities, accomplishments, benefits and resources.

Strategies

- 3.3.1** Establish partnerships within various media organizations, including print, television and radio.
- 3.3.2** Regularly inform media contacts of NJ-CCCP events, accomplishments, and other noteworthy occurrences.
- 3.3.3** Establish guidelines for stakeholders to follow when representing the Task Force, its workgroups, standing committees or coalitions to the media.
- 3.3.4** Coordinate efforts with the NJDHSS Office of Communications; the NJDHSS Office of Information Technology Services, state professional organizations represented on the Communications Standing Committee and other stakeholder organizations, as appropriate, to ensure cooperation and maximize visibility through all communication channels

Sustaining Partnerships

The value of the New Jersey Comprehensive Cancer Control Plan is in its ability to improve integration and coordination of cancer control activities among New Jersey's diverse stakeholders and populations. This collaborative effort reduces duplication and enhances delivery of programs at both the state and community levels, to the ultimate benefit of all New Jersey residents. According to the CDC's guidance guidelines for comprehensive cancer control,

building and sustaining partnerships is one of six key building blocks for comprehensive cancer control plan implementation.⁶ Sustainable partnerships are vital to the quality and success of comprehensive cancer control initiatives delivered in the State. Despite the involvement of over 500 organizations, encompassing more than 1,200 individuals, evaluation of the implementation of the 2003-2007 NJ-CCCP revealed a lack of principle change agents to spearhead specific objectives as a primary barrier. To overcome this, the Task Force has charged its constituents with the ongoing recruitment of new, previously uninvolved stakeholders, while still focusing on retaining existing partnerships. Continuous accrual of new stakeholders requires multiple communication channels. Engaging stakeholders through their professional organizations, continuing education programs, and speakers' bureaus will serve to further recruitment efforts.

Building a sustainable partnership base includes not only the recruitment of new stakeholders, but also the retention of current partners. In order to fully commit both time and resources to comprehensive cancer control activities, partners must profit from their participation. The benefits of participation include increased organizational visibility through recognition, professional networking, opportunity to further individual organizational goals through collaboration, and the ability to accomplish more with limited resources.

Recognition of outstanding contributions to and achievements in comprehensive cancer control is an integral part of partner retention. Partners have been recognized at special events, such as the biennial Summit of the Task Force; through announcements in the quarterly electronic newsletter; through nominations for awards by outside organizations; and through other channels.

GOAL 4	To foster and strengthen partnerships with organizations throughout NJ in order to maintain and expand the large network of stakeholders required to engage in successfully implementing the
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NJ-CCCP.

Objective 4.1

To maintain existing participation in the NJ-CCCP implementation.

Strategies

- 4.1.1** Recognize individual and organizational partner contributions to the NJ-CCCP implementation through awards, certificates, and/or mention in published materials.
- 4.1.2** Recognize the contributions of all stakeholder partners during the hosting of a Task Force Summit and other relevant events.
- 4.1.3** Provide stakeholder partners with opportunities for networking and professional development.
- 4.1.4** Survey stakeholder partners to determine their level of involvement and satisfaction in being engaged in the implementation of the NJ-CCCP and what benefits, awards and recognition would be most meaningful to them.

Objective 4.2

To encourage collaboration among workgroups, committees, and regional chronic disease coalitions.

Strategies

- 4.2.1** Develop and distribute an electronic newsletter to all active stakeholders to keep them apprised of new and ongoing initiatives within the workgroups, committees, and regional chronic disease coalitions.
- 4.2.2** Report activities of workgroups and committees at regional chronic disease coalition coordinator meetings.
- 4.2.3** Report activities of regional chronic disease coalitions at regular Task Force, workgroup, and committee meetings.
- 4.2.4** Encourage all stakeholder partners, including workgroup and committee members and regional chronic disease coalitions, to participate in the annual Task Force Summit.

- 4.2.5** Establish and maintain a website through which to share best practices, information and resources among stakeholders. Continually develop useful, appropriate, user-friendly content (i.e. NJ-CCCP implementation toolbox) on the website.

Objective 4.3

To identify and further engage stakeholder groups not currently participating in NJ-CCCP implementation.

Strategies

- 4.3.1** Conduct regular assessments of stakeholder representation to ascertain gaps according to the CDC recommended list of stakeholder groups.
- 4.3.2** Reach out to unengaged stakeholder groups with invitations to participate in workgroups, committees, and regional chronic disease coalitions.
- 4.3.3** Develop and distribute an electronic newsletter to prospective stakeholders within their professional communities.
- 4.3.4** Promote interest and involvement in the NJ-CCCP from unengaged stakeholder groups on the website.

GOAL 5

To maintain and expand financial and administrative support of comprehensive cancer control initiatives in NJ.

Objective 5.1

To ensure legislative decision-makers and opinion leaders are aware of the value and contributions of the NJ-CCCP in reducing the burden of cancer in NJ.

Strategies

- 5.1.1** Establish effective communication pathways with NJ State legislators.
- 5.1.2** Develop fact sheets and executive summaries highlighting the purpose, accomplishments and benefits of the NJ-CCCP in reducing the cancer burden in NJ. Distribute to NJ State legislators through established communication channels.

Objective 5.2

To ensure that NJDOH decision-makers are aware of the value, purpose, accomplishments and benefits of the NJ-CCCP in reducing the burden of cancer in NJ.

Strategies

- 5.2.1** Establish effective communication pathways with NJDOH administration, including the Deputy Commissioner and Commissioner.
- 5.2.2** Provide regular reports of the NJ-CCCP implementation highlights and success stories to NJDOH administration through established communication channels.
- 5.2.3** Invite NJDOH administration to participate in key comprehensive cancer control events.

Evaluation - REVISE

Evaluation of this Communications Plan will be carried out by the Evaluation Committee of the Task Force, together with the Communications Standing Committee, as part of its implementation of an annual evaluation plan. Evaluation will be conducted every two years to coincide with the Task Force's biennial report to the governor and legislature. Process evaluation will gauge the extent to which the Communications Plan has been implemented, including tracking of activities and quantification of individuals reached within each of the identified target audiences. Outcome measures will vary by goal, and may include the use of surveys such as the NJ Behavioral Risk Factor Survey, to measure awareness and behavior changes among both the lay and professional communities and stakeholder assessments to determine partnership improvements. These and other measures of the Communications Plan's effectiveness will be included in the annual Evaluation Plan, developed by the Evaluation Committee.

Conclusion

The objective of this strategic Communications Plan is to provide a framework for the formal, integrated, consistent and comprehensive communications necessary for the successful implementation of the NJ-CCCP. Through careful analysis of needs identified by the experience of stakeholders implementing the 2003-2007 and 2008-2012 NJ-CCCP's, together with the results of evaluation tools, such as an internal monitoring program, a partnership self-assessment tool, recommendations from the CDC and evaluation reports, and a CCC Evaluator on board, the OCCP and the Communications Standing Committee of the Task Force will develop goals, objectives and strategies for achieving this.

The Communications Standing Committee will take on the implementation of the Plan, expanding its membership as necessary to fulfill the tasks set forth. The OCCP will continue to provide support to the Task Force and all its workgroups, standing committees and regional chronic disease coalitions in carrying out communications activities. This coordination and integration of communication across the NJ-CCCP implementation will serve to further the mission of comprehensive cancer control to reduce the burden of cancer among all NJ residents through a collaborative, multidisciplinary approach.

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